

PNEUMOCOCCAL POLYSACCHARIDE VACCINE ADMINISTRATION REQUEST

"I have received the **Pneumococcal Polysaccharide Vaccine (2001-2002) What you need to know before you or your child gets the vaccine statement sheet**, and have read or have had explained to me the information in this sheet about Influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of Influenza vaccine and ask that it be given to me or the person named below for whom I am authorized to make this request"

Clinic _____ County _____

Information about person to receive vaccine (please print).						For Clinic Use Only:	
NAME: LAST	FIRST	MIDDLE INITIAL	BIRTHDATE	AGE		CLINIC / OFFICE ADDRESS: _____	
						DATE VACCINE ADMINISTERED: _____	
ADDRESS: STREET			CITY	COUNTY	STATE	ZIP	VACCINE MANUFACTURER: _____
							VACCINE LOT NUMBER: _____
SIGNATURE OF PERSON TO RECEIVE OR PERSON AUTHORIZED TO MAKE THE REQUEST:						SITE OF INJECTION: _____	
1 X						SIGNATURE OF VACCINE ADMINISTRATOR: _____	
DATE						X _____	
TITLE OF VACCINE ADMINISTRATOR: _____							
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